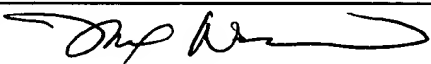


IFW

Sample Form (03-04)

AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:							
Alexander C. LANG							
Application No.							
09/709,343							
Filed:							
November 13, 2000							
Title:							
SYSTEM AND METHOD FOR ESTABLISHING LONG DISTANCE CALL CONNECTIONS USING A PERSONAL COMMUNICATION ASSISTANT							
Attorney Docket No.		Art Unit:					
9-14798-5US		2642					
<p>The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:</p> <table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td>THOMAS KAYDEN HORSTEMEYER & RISLEY Suite 1705, 100 Galleria Parkway, N.W. Atlanta, Georgia, 30339 U.S.A. Tel: 770-933-9500 Fax: 770-951-0933</td><td>24504</td></tr></tbody></table>				Name	Registration Number	THOMAS KAYDEN HORSTEMEYER & RISLEY Suite 1705, 100 Galleria Parkway, N.W. Atlanta, Georgia, 30339 U.S.A. Tel: 770-933-9500 Fax: 770-951-0933	24504
Name	Registration Number						
THOMAS KAYDEN HORSTEMEYER & RISLEY Suite 1705, 100 Galleria Parkway, N.W. Atlanta, Georgia, 30339 U.S.A. Tel: 770-933-9500 Fax: 770-951-0933	24504						
<p>This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.</p>							
SIGNATURE of Practitioner of Record							
Name	Max R. WOOD						
Signature		Date	15 October 2004				
Registration Number	40,388	Telephone	613-780-8681				

This form offers a sample or suggested format for an authorization of a practitioner who is not of record. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.